



Date _____

McMinnville Public Library Teen Volunteer Application

Last Name _____		First Name _____		Middle initial _____	Telephone (home) _____
Street Address _____				Cell Telephone _____	
City _____	State _____	Zip Code _____	e-mail _____		
Age _____	Grade in School _____	T-shirt size _____			

Why would you like to volunteer? _____

Will your volunteer hours be used for class credit? _____ yes _____ no

AVAILABILITY (please check days available): () Mon. () Tues. () Wed. () Thurs. () Fri. () Sat. () Sun.

Mornings (specific times) ____:____ - ____:____ Afternoons ____:____ - ____:____ Evenings ____:____ - ____:____

Months: () June () July () August Vacation and/ or camp dates: _____

Special interests and skills: _____

Have you ever been a volunteer for any organization before? Yes _____ No _____ If yes, please list your volunteer activities

Reference Name _____ Phone _____

Emergency Contact Name _____ Phone _____